

# Correspondence

*The Editors will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words and must be typewritten, double-spaced, and submitted in duplicate (the original typescript and one copy). Authors will be given the opportunity to review the editing of their correspondence before publication.*

## Circumcision

TO THE EDITOR: The American Academy of Pediatrics recently published a position paper that recommended against the routine circumcision of newborn males.<sup>1</sup> A similar view was expressed in this journal's Epitomes section.<sup>2</sup> When a correspondent<sup>3</sup> questioned these views, mentioning evidence that circumcised men have a lower incidence of sexually transmitted diseases, including AIDS, he and the editors were roundly criticized.<sup>4</sup>

In fact, three independent studies<sup>5-7</sup> provide evidence that human immunodeficiency virus I (HIV-I) infection is less common in circumcised men. Additional, unpublished data have been reviewed.<sup>8</sup> The most recent of these reports<sup>5</sup> notes that the risk ratio for HIV-I infection (uncircumcised: circumcised) may be as great as 8.2 (95% confidence interval, 3.0 to 23.0) and may actually exceed the risk incurred by frequent contact with prostitutes.

One must grant that these studies are recent; the authors of the position paper and the epitome may not have been able to take them into account. Nevertheless, the question of routine circumcision of newborns clearly remains open. Attempts to inhibit dissent from the opinions of "authorities" belong in the distant past. Otherwise, we would still be studying the teachings of Galen.

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## The Canadian System

TO THE EDITOR: The editorial by Banks in the August issue implores us not to create a health care system that removes responsibility from patients to pay something for their care because, "Once a benefit is given . . . , it is politically impossible to take it away."<sup>1</sup> In fact, is that not exactly what the US Medicare program is doing? Previously promised benefits are being taken away from the elderly, and, further, where at first the benefits were free, now the patients are

being forced to pay an ever-increasing share. So, it is politically possible for the Canadian government to renege, and it is only a matter of time until it does—in the interest of balancing its national debt. The politician's trick is to be sure that the blame for this falls on the providers (physicians).

Also, the glowing accounts of the Canadian system by Grumbach<sup>2</sup> and Burrow<sup>3</sup> ignore two facts that would prevent that system from working in the United States. First, in order for the Canadian system to work, it has extremely tight limits on the number of new doctors who may enter many regions of Canada. Can you imagine how long a US antitrust lawyer, hired by a recent medical school graduate, would let organized medicine get away with that in this country?

Second, the Canadians do not face the malpractice specter that we do in the United States. Their system would be much more expensive here than it is in Canada because of our huge malpractice premiums and the high cost of the defensive medicine that we all practice.

In short, it is the US legal climate that not only makes our system more expensive but will prevent a cost-effective national program from being developed in this country.

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3. Burrow BN: Lessons from the frozen north. West J Med 1989; 151:217-219

### EDITOR'S NOTE:

Hear, hear!

MSMW

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TO THE EDITOR: I read with interest the article on national health insurance by Dr Kevin Grumbach in the August 1989 issue.<sup>1</sup> A friend in the United States sent it to me and suggested that I reply. While it is no business of mine what the United States decides to do, the Canadian system was discussed in such laudatory terms I felt that it behooved me to present the toad's viewpoint.

The toad beneath the harrow knows  
Exactly where each tooth-point goes;  
The butterfly [Grumbach] upon the road  
Preaches contentment to that toad ("Pagett, M.P.,"  
Rudyard Kipling).

With socialism having demonstrably failed in eastern Europe, it never ceases to amaze me how young people like resident Grumbach still think that this is the preferred way to go. He finds the rag tag and bobtail of capitalism distasteful and wants to replace it with "meaningful health care planning," that is, centralized planning. The experts in centralized planning are the eastern Europeans, who have arguably the worst health care system in the civilized world. As cen-